

ACH Direct Payment Enrollment Form

Instructions:

Complete the Authorized Agreement for Direct Debit Payment below.

CHECKING ACCOUNT:

Include a voided check (a deposit slip cannot be used) for the account.

SAVINGS ACCOUNT:

Include a deposit slip for the account.

Authorized Agreement for Direct Debit Payments

I hereby authorize and request the City of Shady Cove to debit my (our) checking or savings account at the banking institution listed below for payment of sewer and public safety fee charges. I hereby authorize and request the banking institution to accept debit entries initiated by and to debit the same to my account without liability for the correctness for the entries. I understand that my account will be debited each billing cycle between the 12th and the 16th of each month. I understand that a service charge of \$30.00 will be placed on my account for each returned transaction per account.

It is understood and agreed that I may withdraw from participation at any time by notifying the Sewer Billing Department in writing by the 10th day of the month after I am billed. If I withdraw after the 10th day of the month, my participation will not be terminated until the next billing cycle.

Shady Cove Account Number: _____

Customer Name(s): _____

Service Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

Email: _____ @ _____

Please indicate type of account: **CHECKING** **SAVINGS**

Banking Institution Name: _____

City: _____ State: _____

Bank Routing #: _____

Bank Account #: _____

Customer Signature: _____ **Date:** _____

Return agreement with attachment to:

CITY OF SHADY COVE

22451 Highway 62
PO Box 1210
Shady Cove, OR 97539
Phone: 541.878.2225
Fax: 541.878.2226

